

**UNITED STATES DEPARTMENT OF AGRICULTURE**

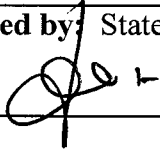
Farm Service Agency  
Room 3416, 700 West Capitol Avenue  
Little Rock, Arkansas 72201

**AR NOTICE AS-71**

**For:** All FSA County Offices

**Annual Review of FSA-875, Reimbursable Agreement**

**Approved by:** State Executive Director



**1 Overview**

**A Background**

FSA is reimbursed quarterly at the National level for expenses, e.g. rent, utilities, janitorial, etc. paid for collocated office space where FSA is the lead Agency.

**B Purpose**

The purpose of this notice is to remind County Offices of the requirement to conduct a review of FSA-875 on the anniversary date of the lease. This is in accordance with 31-AS (Rev.2), paragraph 61F. The current version of FSA-875 is dated 06/30/97. A copy is attached. The form is also available electronically.

**C Contact**

If you need additional information please contact Karen Petrus at (501) 301-3017.

**2 County Office Action**

Review the current FSA-875 for accuracy. Carefully check estimated amounts being reimbursed for utilities and janitorial expenses. Use the previous 12 months as a base for these expenses. Do not prepare separate billing to adjust actual expenses. Execute a new agreement and forward to the State Office no later than October 14, 2003.

**Disposal Date**

September 30, 2004

09-03-03

**Distribution**

All Offices

**FSA-875**

(06-30-97)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency**REIMBURSABLE AGREEMENT**

1. COUNTY

2. BUILDING NAME

3. STREET ADDRESS

4. CITY

5. STATE

**6. TERM OF REIMBURSABLE AGREEMENT**

a. FROM:

b. TO:

**7. LEASE INFORMATION**

a. ANNUAL RENT

b. SQUARE FEET OF  
SPACE

c. RENTAL RATE

\$

\$

/square foot

**8. SPACE ASSIGNMENTS** (Use worksheet on reverse side for calculations.)

DESCRIPTION	FSA	RD	NRCS			GRAND TOTAL
a. INDIVIDUAL SPACE						
b. SHARED SPACE						
c. TOTAL SPACE (Sum items 8a and 8b)						
d. RENT FOR SPACE (Multiply items 7c x 8c)	\$	\$	\$	\$	\$	\$

**9. EXPENSES** (Costs charged to each agency for items NOT included in rent.)

DESCRIPTION	FSA	RD	NRCS			GRAND TOTAL
a. ELECTRICITY	\$	\$	\$	\$	\$	\$
b. HEAT	\$	\$	\$	\$	\$	\$
c. WATER	\$	\$	\$	\$	\$	\$
d. JANITORIAL	\$	\$	\$	\$	\$	\$
e. OTHER	\$	\$	\$	\$	\$	\$
f. OTHER	\$	\$	\$	\$	\$	\$
g. TOTAL EXPENSES (Sum items 9a through 9f)	\$	\$	\$	\$	\$	\$

**10. TOTAL RENT AND EXPENSES CHARGED TO EACH AGENCY**

DESCRIPTION	FSA	RD	NRCS			GRAND TOTAL
a. ANNUALLY (Sum items 8d and 9g)	\$	\$	\$	\$	\$	\$
b. QUARTERLY	\$	\$	\$	\$	\$	\$

**11. APPROVALS**

We, the undersigned, as the authorized representatives of the collocated agencies, agree to the above assignment of space, expenses, and charges. This agreement becomes effective upon approval by appropriate agency officials when signed below.

**COUNTY LEVEL****STATE LEVEL**

Signature	Agency	Date	Signature	Agency	Date
Signature	Agency	Date	Signature	Agency	Date
Signature	Agency	Date	Signature	Agency	Date
Signature	Agency	Date	Signature	Agency	Date
Signature	Agency	Date	Signature	Agency	Date

## REIMBURSABLE AGREEMENT WORKSHEET

**12. INDIVIDUAL SPACE** (Enter square feet of **exclusive** space charged to each agency.)

DESCRIPTION	FSA	RD	NRCS			GRAND TOTAL
a. COUNTER AREA/ RECEPTION SPACE						
b. OFFICE SPACE						
c. CONFERENCE/TRAINING SPACE						
d. AUTOMATED DATA PROCESSING SPACE						
e. STORAGE/MAILROOM SPACE						
f. OTHER						
g. OTHER						
h. OTHER						
i. TOTAL (item 8a on front)						
j. PERCENT OF INDIVIDUAL SPACE	%	%	%	%	%	100 %

**13. SHARED SPACE** (Enter square feet of **common use** space charged to each agency.)

DESCRIPTION	FSA	RD	NRCS			GRAND TOTAL
a. COUNTER AREA/ RECEPTION SPACE						
b. CONFERENCE/TRAINING SPACE						
c. STORAGE/MAILROOM SPACE						
d. Rental Postage Meters						
e. OTHER EXPENSES (telecommunications, equipment, supplies etc.)						
f. TOTAL (item 8b on front)						

**14. REMARKS**